

APPLICATION FOR RETIREMENT

MEMBER INFORMATION

Home Phone Number 334 271-6199

1) Social Security Number 420, 80, 4237

2) Name CYNTHIA Rene ELLISON

3) Date of Birth 10/22/55

4) Home Address 1598 Sandstone Ct. Montgomery AL 36117
(Address) (City) (State) (Zip Code)

5) Type of Retirement ☒ Service (Check One) ☐ Disability

6) Date of Retirement 4/1/2005
(This date is always the first of the month.)

7) Name of bank/financial institution to which retirement benefit is to be deposited:

Compass Bank

Bank/Financial Institution

Note: Properly completed Direct Deposit Authorization must be submitted to the Retirement Systems to authorize remittance to the bank/financial institution.

8) Beneficiary Designation:

The beneficiary whom I should like to receive any benefit at my death is Courtnei Terrell Ellison
 whose relationship to me is that of Daughter and whose date of birth is 6/21/1983
 and Social Security Number is 424, 31, 6625

In the event the designated beneficiary listed above is different from that listed on my active account, I desire the change to be effective:

(Check One) ☐ Upon the duly executed completion of this application filed with the Board of Control.
☐ On the date my retirement benefit becomes due and payable.

9) Signature of Applicant: Cynthia R. Ellison

10) Notarization: State of Alabama, County of Montgomery On this 11th day of February, 2005, personally
 appeared before me, the above-named Cynthia R. Ellison and made oath that
 the statements made are true.

March 7, 2005

My Commission Expires

Faye E. Ward
 Signature of Notary Public

EMPLOYER CERTIFICATION—Retirement Data Certification

1) Date on which service of applicant will terminate _____

2) Closing date of last payroll of applicant _____

3) Job Classification _____

4) Contract Salary for full year _____

5) Total Contributions (to be) deducted _____
 for the current scholastic year*

6) Total contributions (to be) deducted after _____
 the current scholastic year*

7) Days worked/Days contracted for _____
 the current contract period _____
 (*Scholastic year is July 1-June 30)

8) Please certify deductions for last 7 months for which contributions will be submitted

Jul _____	Jan _____
Aug _____	Feb _____
Sep _____	Mar _____
Oct _____	Apr _____
Nov _____	May _____
Dec _____	Jun _____

9) Accrued Sick Leave Certification:

Total accrued unused sick leave days at retirement date: _____

10) Signature of Authorized Official: _____ Date: _____

Employing Institution: _____

Please complete information on the reverse side of this form.

DEFENDANT'S
EXHIBIT

tabbles

15
Ellison 4/2/05

DIRECT DEPOSIT AUTHORIZATION

RETIREMENT SYSTEMS OF ALABAMA

Direct Deposit, the retiree or beneficiary of a deceased retiree (Benefit Recipient) completes Section 1 only after reading the information on the reverse side of this form. The form can then be delivered by mail or personally for completion of Section 2 by the financial institution which verifies the information in Section 1 and agrees to the Master Agreement on the reverse side of this form.

IT IS IMPERATIVE TO KEEP THE RSA INFORMED OF CHANGES IN THE BENEFIT RECIPIENT'S HOME MAILING ADDRESS IN ORDER TO RECEIVE IMPORTANT INFORMATION ABOUT TAXES, BENEFIT CHANGES, BOARD OF CONTROL ELECTIONS AND OTHER RETIREMENT RELATED INFORMATION.

SECTION 1 (To be completed by Benefit Recipient)	SECTION 2 (To be completed by bank)															
Retiree/Benefit Recipient's Social Security Number: <div style="display: flex; justify-content: space-between;"> 420-80-4237 </div>																
Benefit Recipient: (please check) <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary of Deceased Retiree/Member </div>																
Name: (Please print or type) <div style="display: flex; justify-content: space-between;"> CYNTHIA R. ELLISON </div>																
Address: <div style="display: flex; justify-content: space-between;"> 1598 Sandstone Court </div>																
<div style="display: flex; justify-content: space-between;"> Montgomery AL 36117 </div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>																
Telephone No: (Daytime) <div style="display: flex; justify-content: space-between;"> 334-271-6199 </div>																
Indicate the system from which you receive a benefit. (More than one check?) Direct Deposit Authorization applies to which checks: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">System</th> <th style="width: 40%; text-align: center;">Direct Deposit (Yes or No)</th> </tr> </thead> <tbody> <tr> <td>Teachers' Retirement</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/> YES</td> </tr> <tr> <td>Employees' Retirement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PEIRAF/RSA-1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Judicial Retirement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			System	Direct Deposit (Yes or No)	Teachers' Retirement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> YES	Employees' Retirement	<input type="checkbox"/>	<input type="checkbox"/>	PEIRAF/RSA-1	<input type="checkbox"/>	<input type="checkbox"/>	Judicial Retirement	<input type="checkbox"/>	<input type="checkbox"/>
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Judicial Retirement	<input type="checkbox"/>	<input type="checkbox"/>														
Joint Account Holder's Certification: I certify that I have read and understood the reverse side of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDER(S): (print or type) <div style="display: flex; justify-content: space-between;"> NAME(S) OF JOINT ACCOUNT HOLDER'S: (print or type) </div>																
FINANCIAL INSTITUTION CERTIFICATION/AGREEMENT: I confirm the identity of the named Benefit Recipient, account number & type. As representative of above named Financial Institution, I certify that the Financial Institution agrees to receive & deposit identified payment in accordance with the MASTER AGREEMENT on the reverse side & agrees that the MASTER AGREEMENT is applicable to all payments subject to Section 4.7 of the Operating Rules of the National Automated Clearing House Association sent by the Retirement Systems to the Financial Institution for benefit of the Benefit Recipient.																
Depositor: Cynthia R. Ellison Account No: 10740371 Bank: Compass Bank Routing No: 062001186 Type of Account: (check one) <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings																
Name and Address of Financial Institution: (P.O. Box, please) Compass Bank 2511 Eastern Bypass Montgomery, AL 36116																
Name(s) of Person(s) on this account: Cynthia R. Ellison																
Representative's Name: (Print or type) Ron Wilhoit																
Signature(s) of Joint Account Holder(s) _____ Date _____ Benefit Recipient Certification: I certify I have read and understood the reverse side of this form. In signing below, I authorize my payment to be sent to the financial institution named in Section 2 to be deposited to the designated account. <div style="display: flex; justify-content: space-between;"> Cynthia Ellison 2/7/05 </div>																
Signature of Representative _____ Date 2-9-05 Telephone No: 334-409-7231 Please return to: The Retirement Systems of Alabama P. O. Box 302150 Montgomery, AL 36130-2150 1-800-214-2158																
Signature of Retiree/Benefit Recipient _____ Date _____																